

Form CPF 18A: Report of Independent Expenditure ROLLINGAL Promoting Election or Defeat of Candidate(s)

Office of Campaign and Political Finance

of M	assachusetts				
One Bos	ice of Campaign and Political Finance Ashburton Place ton, MA 02108 7) 727-8352.				
1	Date of Report:	September 25, 2006			
1.		(Must be filed within 7 business days of exp	penditure(s) in excess of \$100.00 in	aggregate)	
2.	Expenditure(s) Made By:	Massachusetts Nurses Association			
		(Name of individual or group making expenditure)			
		340 Turnpike Street, Canton, MA 02021			
		Street Address	City/Town	Zip	
3.	Name of Candidate(s) For	Whom the Above Expenditure(s) Elect Sold (lage) STATE REP			

4. Expenditure(s):

Date Paid	To Whom Paid	Address	Purpose	Amount
9/18/06	SALTUS PLOS	12 Johna Ad lug	K MAILING	140.88
<i>,</i>				
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I hereby certify the expenditures noted are independent expenditures, as defined by M.G.L. c.55, section 18A:

- (1) the individual(s) or group who made the expenditure(s) described herein did not solicit or receive any contributions in contemplation of such expenditure(s); and
- (2) the individual(s) or group who made the expenditure(s) described herein did not cooperate, consult or act in concert with or at the request or suggestion of any candidate, or political committee organized on behalf of any candidate, or any agent of a candidate or any political committee in making such expenditure(s).

I further certify that all statements made herein are true and accurate.

Signature	Date	Print Name of Individual Signer and Title (if signing on behalf of a group)
Signed under the penalties of perjury:	e/25/0 C	Charles Stefanini Director, Legislation